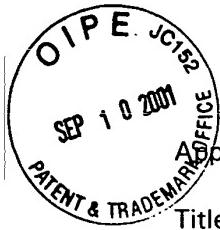


AF
1723

Atty. Dkt. No. 017309-0173



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Josef Otto RETTENMAIRER
Title: ANCILLARY FILTERING AGENT
Appl. No.: 09/380,731
Filing Date: 09/13/1999
Examiner: S. Kim
Art Unit: 1723

TRANSMITTAL

RECEIVED
SEP 14 2001
TC 1700

Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
[] Small Entity statement is enclosed.
[X] The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	29	-	35	= 0 x \$18.00 =	\$0.00
Independents:	2	-	3	= 0 x \$80.00 =	\$0.00
First presentation of any Multiple Dependent Claims:				+ \$270.00 =	\$0.00
CLAIMS FEE TOTAL:					= \$0.00

- [X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the second month:	\$390.00	\$390.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$890.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,390.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,890.00	\$0.00
	EXTENSION FEE TOTAL:		\$390.00
	CLAIMS AND EXTENSION FEE TOTAL:		\$390.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
	TOTAL FEE:		\$390.00

- Please charge Deposit Account No. 19-0741 in the amount of \$390.00. A duplicate copy of this transmittal is enclosed.
- A check in the amount of \$390.00 is enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10 September 2001 By George E. Quillin

FOLEY & LARDNER
 Washington Harbour
 3000 K Street, N.W., Suite 500
 Washington, D.C. 20007-5109
 Telephone: (202) 672-5413
 Facsimile: (202) 672-5399

George E. Quillin
 Attorney for Applicant
 Registration No. 32,792